



Complete Summary

GUIDELINE TITLE

Assessment of function: of critical importance to acute care of older adults.

BIBLIOGRAPHIC SOURCE(S)

Kresevic DM, Mezey M. Assessment of function. In: Mezey M, Fulmer T, Abraham I, Zwicker DA, editor(s). Geriatric nursing protocols for best practice. 2nd ed. New York (NY): Springer Publishing Company, Inc.; 2003. p. 31-46. [18 references]

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SCOPE

DISEASE/CONDITION(S)

Functional decline

GUIDELINE CATEGORY

Evaluation
Management
Prevention

CLINICAL SPECIALTY

Family Practice
Geriatrics
Internal Medicine
Nursing
Physical Medicine and Rehabilitation

INTENDED USERS

Nurses

GUIDELINE OBJECTIVE(S)

- To identify physical functioning as an important clinical indicator of: health/illness, response to treatment, and need for services
- To describe common components of standardized functional assessment instruments
- To identify unique challenges to gathering information from older adults regarding functional assessments
- To assist bedside nurses to monitor function in elders, prevent decline, and to maintain the function of elders during acute hospitalization

TARGET POPULATION

Hospitalized older adults

INTERVENTIONS AND PRACTICES CONSIDERED

Assessment of Function

1. Routine history: baseline and recent functional status, family/caregiver input
2. Observations during dressing, eating, toileting, hygiene, and ambulation (activities of daily living [ADL])
3. Sensory capacity: vision, hearing, cognition
4. Use of standardized functional assessment instruments
 - Katz ADL Index
 - Barthel Index of physical function
 - Older Americans Resource and Services (OARS) instrument for physical function
 - Functional Independence Measure (FIM™)
 - Lawton Instrumental Activities of Daily Living (IADL) assessment
 - "Get-up and Go" test for ambulation
5. Risk factors for (causing) functional decline

Care Strategies to Maximize Function

1. Information-gathering/observation
 - Patient comfort (free of pain), frequent rest periods
 - Adaptive aides (eyeglasses, hearing aides)
 - Assistive devices (cane, rolling walker)
 - Cognitive status
2. Socialization
3. Patient and family education
4. Physical activity, such as routine exercise, range of motion, and ambulation
5. Minimal use of bed rest, physical restraints, psychoactive medications
6. Pain management
7. Enhanced nutrition
8. Safe environment, including:
 - Handrails
 - Wide doorways

- Raised toilet seats
 - Shower seats
 - Enhanced lighting
 - Low beds
 - Chairs of various types and height
9. Consultations (physical therapy, occupational therapy, nutrition)
 10. Prompt search for underlying causes of acute decline in functional status

Care Strategies to Help Older Individuals Cope with Functional Decline

1. Determination of realistic functional capacity with interdisciplinary consultation
2. Caregiver education
3. Documentation of intervention strategies and patient responses
4. Adequate nutrition
5. Caregiver support services (home care, nursing, physical and occupational therapy services)

MAJOR OUTCOMES CONSIDERED

- Level of function, activities of daily living, instrumental activities of daily living (IADL), and ambulation
- Morbidity and mortality associated with functional decline
- Use of physical restraints
- Incidence of delirium
- Prevalence of patients who leave hospital with baseline or improved functional status
- Readmission rate
- Utilization of rehabilitative services (occupational and physical therapy)

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Medline was the electronic database used.

NUMBER OF SOURCE DOCUMENTS

37

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Informal Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Assessment Parameters

Comprehensive functional assessment of elders includes independent performance of basic activities of daily living (ADL), social activities, or instrumental activities of daily living (IADL), the assistance needed to accomplish these tasks, and the sensory ability, cognition, and capacity to ambulate.

- Basic ADL
 - Bathing

- Dressing
- Grooming
- Eating
- Continence
- Transferring
- Instrumental activities of daily living
 - Meal preparation
 - Shopping
 - Medication administration
 - Housework
 - Transportation
 - Managing finances
 - Use of telephone
- Mobility
 - Ambulation (Get-up and Go Test)
 - Transferring

Elderly patients may view their health in terms of how well they can function rather than in terms of disease alone.

The clinician should document baseline functional status and recent or progressive declines in function. Any acute change in ADLs should be evaluated for an underlying reversible cause.

Function should be assessed at baseline and over time to validate capacity, decline, or progress.

Standardized instruments selected to assess function should be efficient to administer, easy to interpret, and provide useful practical information for clinicians and should be incorporated into routine history taking and daily assessments.

Interdisciplinary and interagency communication regarding functional status, changes, and expected trajectory.

Multidisciplinary team conferences including patient, caregivers, and family whenever possible.

Care Strategies to Maximize Function

Maintain individual's daily routine. Assist to maintain physical, cognitive, and social function through physical activity and socialization. Encourage ambulation, allow flexible visitation including pets, and reading the newspaper.

Educate elders, family, and formal caregivers on the value of independent functioning and the consequences of functional decline.

- Physiological and psychological value of independent functioning
- Reversible functional decline associated with acute illness
- Strategies to prevent functional decline: exercise, nutrition, and socialization
- Sources of assistance to manage decline

Encourage activity including routine exercise, range of motion, and ambulation to maintain activity, flexibility, and function.

Minimize bed rest.

Explore alternatives to physical restraints use.

Judicious use of medications, especially psychoactive medications in geriatric dosages.

Assess and treat for pain.

Design environments with handrails, wide doorways, raised toilet seats, shower seats, enhanced lighting, low beds, and chairs of various types and height.

Help individuals regain baseline function after acute illnesses by using exercise, physical therapy consultation, coaching, and improving nutritional status.

Obtain assessment by physical and occupational therapies as needed to help regain function.

Care Strategies to Help Older Individuals and Caregivers Cope with Functional Decline

Help older adults and family members determine realistic functional capacity with interdisciplinary consultation.

Provide caregiver education and support for families of individuals when decline cannot be ameliorated in spite of nursing and rehabilitative efforts.

Carefully document all intervention strategies and patient responses.

Provide information to caregivers on causes of functional decline related to acute and chronic conditions.

Provide education to address safety care needs for falls, injuries, and common complications. Short-term skilled care for physical therapy may be needed; long-term care settings may be required to ensure safety.

Provide sufficient protein and caloric intake to ensure adequate intake and prevent further decline. Liberalize diet to include personal preferences.

Provide caregiver support via community services, such as home care, nursing, and physical and occupational therapy services, to manage functional decline.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Patients Can Demonstrate:

- Maintained safe level of activities of daily living (ADL) and ambulation.
- Making necessary adaptations to maintain safety and independence including assistive devices and environmental adaptations.

Providers Can Demonstrate:

- Increased assessment, identification, and management of patients susceptible to or experiencing functional decline.
- Ongoing documentation and communication of capacity, interventions, goals, and outcomes.
- Competence in preventive and restorative strategies for function.

Institution Can Demonstrate:

- Decreased incidence and prevalence of functional decline in all care settings.
- Decreased morbidity and mortality rates associated with functional decline.
- Decreased use of physical restraints.
- Decreased incidence of delirium.
- Increased prevalence of patients who leave hospital with baseline or improved functional status.
- Decreased readmission rate.
- Increased early utilization of rehabilitative services (occupational and physical therapy).
- Support of institutional policies/programs that promote function.
 - Caregiver educational efforts
 - Walking programs
- Environments that reflect designs sensitive to older adults.
- Evidence of continued interdisciplinary assessments, care planning, and evaluation of care.

Including Critical Components of Functional Assessments into Routine Assessments in the Acute Care Setting Can Provide:

- Baseline information to benchmark patients' response to treatment as they move along the continuum from acute care to rehabilitation or from acute to subacute care

- Information regarding care needs and eligibility for services including safety needs, physical therapy needs, and post-hospitalization needs
- Information on quality of care

On-going Use of a Standardized Functional Assessment Instrument (see Table 1 in the original guideline document for details)

- Promotes systematic communication of patients' health status between care settings
- Allows units to compare their level of care with other units in the facility and to measure outcomes of care

POTENTIAL HARMS

Ambulation

Patient falls or injuries

Information-gathering Response Inaccuracy

Older persons often present to the care setting with multiple medical conditions resulting in fatigue and pain. In addition, sensory aging changes, particularly to vision and hearing, can threaten the accuracy of responses. Many older adults may be reluctant to report declines in function fearing that such reports will threaten their autonomy and independent living.

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Safety

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003

GUIDELINE DEVELOPER(S)

The John A. Hartford Foundation Institute for Geriatric Nursing - Academic Institution

GUIDELINE DEVELOPER COMMENT

The guidelines were developed by a group of nursing experts from across the country as part of the Nurses Improving Care for Health System Elders (NICHE) project, under sponsorship of The John A. Hartford Foundation Institute for Geriatric Nursing.

SOURCE(S) OF FUNDING

Supported by a grant from The John A. Hartford Foundation.

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Copies of the book Geriatric Nursing Protocols for Best Practice, 2nd edition:
Available from Springer Publishing Company, 536 Broadway, New York, NY
10012; Phone: (212) 431-4370; Fax: (212) 941-7842; Web:
www.springerpub.com.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on May 30, 2003. The information was
verified by the guideline developer on August 25, 2003.

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The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

